

SANITARY AERIAL NAVIGATION

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49 Stat. 3279; Treaty Series 901

[TRANSLATION]

INTERNATIONAL SANITARY CONVENTION FOR AERIAL NAVIGATION

With a view to the regulation of the sanitary control of aerial navigation, the undersigned, plenipotentiaries of the High Contracting Parties, furnished with full powers found in good and due form, have agreed on the following articles:

PART I

GENERAL PROVISIONS

ARTICLE 1

For the purposes of this convention the High Contracting Parties adopt the following definitions:

¹ For text of U.S. reservations made at time of signing and maintained in the Senate's resolution of advice and consent and in the President's ratification, see p. 110.

² TS 992, *post*, p. 982.

³ 7 UST 2255; TIAS 3625.

I. The word *aircraft* includes any machine which can derive support in the atmosphere from the reactions of the air and is intended for aerial navigation.

The present convention applies only to aircraft—

1. of which the place of departure and place of final landing are situated in different territories;

2. which, although the place of departure and place of final landing are situated on the same territory, make an intermediate landing on a different territory;

3. which fly without landing over more than one territory, whether these territories are placed under the sovereignty, suzerainty, mandate, or authority of the same power or of different powers.

II. The words *authorized aerodrome* denote a customs or other aerodrome specially designated as such by the competent authority of the state in which it is situated and on which aircraft may make their first landing on entering a territory or from which they may depart on leaving a territory.

III. The words *sanitary aerodrome* denote an authorized aerodrome organized and equipped in accordance with the terms of article 5 of the present convention and designated as such by any competent authority of the country.

IV. The word *crew* includes any person having duties on board in connection with the flying or the safety of the flight of the aircraft, or employed on board, in any way, in the service of the aircraft, the passengers, or the cargo.

V. The words *local area* denote a well-defined area, such as a province, a government, a district, a department, a canton, an island, a commune, a town, a quarter of a town, a village, a port, an agglomeration, etc., whatever may be the extent and population of such areas.

Subject to the conditions laid down in article 8 of the present convention, an aerodrome may constitute a local area.

VI. The word *observation* means the isolation of persons in a suitable place.

The word *surveillance* means that persons are not isolated, that they may move about freely, but that they are notified to the sanitary authorities of the several places whither they are bound and are subjected to a medical examination with a view to establishing their state of health.

VII. The word *day* means an interval of 24 hours.

ARTICLE 2

Whatever relates in the present convention to aerodromes is to be understood as applying *mutatis mutandis* to places for the landing on water of hydroplanes and similar craft.

SECTION I

Aerodromes in General and Their Staff

ARTICLE 3

Each High Contracting Party undertakes to provide its authorized aerodromes with a sanitary organization adapted to the current needs of prophylaxis which as a minimum shall consist of definite arrangements to insure the attendance of a medical practitioner at such times as may be necessary for the medical examinations contemplated by the present convention.

ARTICLE 4

It rests with each High Contracting Party, taking into account the risks of infectious disease to which its territory may be exposed, to decide whether or not to establish sanitary aerodromes and which authorized aerodromes shall be selected for this purpose.

ARTICLE 5

The sanitary aerodrome shall at all times have at its disposal—

(a) an organized medical service, with one medical officer at least and one or more sanitary inspectors, it being understood that this staff will not necessarily be in permanent attendance at the aerodrome;

(b) a place for medical inspection;

(c) equipment for taking and dispatching suspected material for examination in a laboratory, if such examination cannot be made on the spot;

(d) facilities, in the case of necessity, for the isolation, transport, and care of the sick, for the isolation of contacts separately from the sick, and for carrying out any other prophylactic measure in suitable premises, either within the aerodrome, or in proximity to it;

(e) apparatus necessary for carrying out disinfection, disinsectization, and deratization, if required, as well as any other measures laid down in the present convention.

The aerodrome shall be provided with a sufficient supply of wholesome drinking water and with a proper and safe system for the disposal of excreta and refuse and for the removal of waste water. The aerodrome shall, as far as possible, be protected from rats.

ARTICLE 6

The medical officer of the sanitary aerodrome shall be an official of or approved by the competent sanitary authority.

ARTICLE 7

Each High Contracting Party shall communicate, either to the Office International d'Hygiène Publique, or to the International Commission for Air Navigation, which will transmit to each other the information thus

received, a list of its sanitary aerodromes in order that it may be brought to the knowledge of the other High Contracting Parties. The communication shall include, in the case of each aerodrome, details as to its situation, its sanitary equipment, and its sanitary staff.

The notification to the Office International d'Hygiène Publique provided for in the present article, as well as in articles 8, 37, 40, 58, 59, and 60 of the present convention, may, in the case of those High Contracting Parties who have adhered to the Pan American Sanitary Code,⁴ be made through the intermediary of the Pan American Sanitary Bureau.

ARTICLE 8

In order that a sanitary aerodrome may be designated as a local area for the purpose of notification of infectious diseases and for other purposes as provided by the present convention, it must be so organized that—

1. the entry or exit of any person is under the supervision and control of the competent authority;
2. in the case of a disease specified in article 18 of this convention occurring in the surrounding territory, access to the aerodrome by any route other than the air is forbidden to persons suspected of being infected, and measures are applied, to the satisfaction of the competent authority, with a view to preventing persons who are resident in or passing through the aerodrome from being exposed to the risk of infection, either by contact with persons from outside or by any other means.

In order that an authorized aerodrome which is not a sanitary aerodrome may similarly be designated a local area it is necessary, in addition, that it shall be so situated topographically as to be beyond all probable risk of infection from without.

The High Contracting Parties shall notify to the Office International d'Hygiène Publique aerodromes which have been constituted local areas in accordance with the terms of the present article, and the Office International d'Hygiène Publique will communicate the notification to the other High Contracting Parties and to the International Commission for Air Navigation.

SECTION II

Aircraft Sanitary Documents

ARTICLE 9

The following entries shall be made in the journey logbook, under the heading "Observations":

1. Any facts relevant to public health which have arisen on the aircraft in the course of the voyage;

⁴ Convention signed at Havana Nov. 14, 1924 (TS 714), *ante*, vol. 2, p. 483.

2. Any sanitary measures undergone by the aircraft before departure or at places of call in application of the present convention;

3. Information concerning the appearance in the country from which the aircraft is departing of any of the infectious diseases mentioned in part III of the present convention. This entry is made with a view to facilitating the medical examinations which passengers arriving at aerodromes in another territory may be required to undergo.

For this purpose, the government of any noninfected country in which one of the said diseases makes its appearance shall, in addition to other means by which it is already required to inform other countries of the outbreak of such diseases and their nature, transmit the necessary information to the competent authorities of each of its authorized aerodromes. The latter shall enter the information in the journey log of any aircraft leaving the aerodrome during a period of 15 days from the date on which the information was first received.

Aircraft shall not be required to carry bills of health. The entries made in the journey logbook in accordance with the terms of this article shall be verified and certified free of charge by the competent authority of the aerodrome.

SECTION III

Merchandise and Mail

ARTICLE 10

In addition to the measures prescribed in articles 25, 29, 33, 42, 44, 47, 49, and 51 of the present convention, merchandise in aircraft may be subjected to the laws of the country as regards measures to be applied to merchandise imported by whatever means of transport.

ARTICLE 11

Letters and correspondence, printed matter, books, newspapers, business documents, postal packages, and anything sent by post shall not be subject to any sanitary measure unless they contain articles coming within the terms of article 33 of the present convention.

PART II

SANITARY REGULATIONS GENERALLY APPLICABLE

ARTICLE 12

In the case of sanitary or authorized aerodromes, the medical officer attached to the aerodrome has the right, either before the departure or after the landing of aircraft, to proceed to inspect the sanitary condition of passengers and crew, whenever circumstances justify this measure.

This visit should, however, be so arranged in relation to the other ordinary administrative and customs operations as to avoid any delay or interference

with the continuation of the voyage. No fees shall be charged for this inspection. Reservation is made of the right of the Maritime and Quarantine Sanitary Board of Egypt to levy dues in accordance with its special powers.

ARTICLE 13

The competent authority of any aerodrome may, on the advice of the medical officer attached to the aerodrome, prohibit the embarkation of persons with symptoms of infectious disease, except in the case of the transport of sick persons by aircraft specially allocated for the purpose.

In the absence of a medical officer, the competent authority of the aerodrome may defer the departure of such persons until the advice of a doctor has been obtained.

ARTICLE 14

Aircraft in flight are forbidden to throw or to drop matter capable of producing the outbreak of infectious disease.

ARTICLE 15

If the commander of the aircraft wishes to disembark a sick person, he shall, so far as he is able, notify the aerodrome of arrival in good time before landing.

ARTICLE 16

If there is on board an aircraft a case of an infectious disease, duly verified by the medical officer attached to the aerodrome, not being a disease specified in part III of the present convention, the usual measures in force in the country in which the aerodrome is situated shall be applied. The sick person may be landed and, if the competent sanitary authority considers it desirable, isolated in a suitable place; the other passengers and the crew shall have the right to continue the voyage, after medical inspection and, if necessary, the carrying out of the appropriate sanitary measures.

Such of these sanitary measures as can be carried out at the aerodrome shall be so arranged in relation to the administrative and customs operations that the aircraft may be detained as short a time as possible.

ARTICLE 17

Except as expressly provided for in the present convention, aircraft shall be exempt from sanitary formalities at the aerodromes both of call and of final destination.

PART III

SANITARY REGULATIONS APPLICABLE IN THE CASE OF CERTAIN DISEASES

ARTICLE 18

The diseases which are the subject of the special measures prescribed by this part of the convention are: Plague, cholera, yellow fever, exanthematous typhus, and smallpox.

ARTICLE 19

For the purposes of the present convention, the period of incubation is reckoned as:

- 6 days in the case of plague;
- 5 days in the case of cholera;
- 6 days in the case of yellow fever;
- 12 days in the case of exanthematous typhus; and
- 14 days in the case of smallpox.

ARTICLE 20

The chief health authorities shall transmit to the sanitary and authorized aerodromes of their respective countries all information contained in the epidemiological notifications and communications received from the Office International d'Hygiène Publique (and the regional bureaus with which it has made agreements for this purpose) in execution of the provisions of the International Sanitary Convention of June 21, 1926,⁵ which may affect the exercise of sanitary control in those aerodromes.

ARTICLE 21

The measures prescribed in this part of the convention shall be regarded as constituting a maximum, within the limits of which the High Contracting Parties may regulate the procedure which may be applied to aircraft.

It is for each High Contracting Party to determine whether measures should be applied, within the limits of the present convention, to arrivals from a foreign local area or aerodrome.

In this respect, information received and measures already applied shall, in accordance with article 54 of the present convention, be taken into the fullest possible account.

ARTICLE 22

For the purpose of part III of the present convention, a local area is considered to be infected when the conditions specified in the International Sanitary Convention of June 21, 1926,⁶ are applicable to it.

⁵ TS 762, *ante*, vol. 2, p. 545.

⁶ According to the terms of the International Sanitary Convention of June 21, 1926, art. 10 and the first paragraph of art. 11, a local area is considered "infected" by one of the diseases in question in the following circumstances: For *plague* and *yellow fever*, when the first case recognized as nonimported is reported; for *cholera*, when forming a "foyer"—that is, when the occurrence of new cases outside the immediate surroundings of the first cases proves that the spread of the disease has not been confined to the place where it began; for *exanthematous typhus* and *smallpox*, when they appear in epidemic form. [Footnote in original.]

CHAPTER I

MEASURES APPLICABLE IN CASE OF PLAGUE, CHOLERA, TYPHUS,
AND SMALLPOX

SECTION I

Measures on Departure

ARTICLE 23

The measures to be applied on the departure of aircraft from a local area infected by one of the diseases mentioned in this chapter are the following:

1. Thorough cleansing of the aircraft, especially the parts liable to be contaminated;
2. Medical inspection of passengers and crew;
3. Exclusion of any person showing symptoms of one of the diseases in question, as well as of persons in such close relation with the sick as to render them liable to transmit the infection of these diseases;
4. Inspection of personal effects, which shall only be accepted if in a reasonable state of cleanliness;
5. In the case of plague, deratization, if there is any reason to suspect the presence of rats on board;
6. In case of exanthematous typhus, disinsectization, limited to persons who, after medical inspection, are considered as likely to convey infection, and to their effects.

The aircraft's papers shall be annotated in accordance with the requirements of article 9.

SECTION II

Measures on Arrival

ARTICLE 24

Aircraft, even when coming from a local area infected by one of the diseases to which this chapter applies, may land at any authorized aerodrome. Nevertheless, each High Contracting Party, if epidemiological conditions demand such action, has the right to require aircraft coming from particular local areas to land at prescribed sanitary or authorized aerodromes, account being taken of the geographical position of those aerodromes and of the routes followed by the aircraft, in such manner as not to hamper aerial navigation.

The only measures which, if necessary, may be taken at authorized aerodromes which are not also sanitary aerodromes are the medical inspection of crew and passengers and the landing and isolation of the sick. Passengers and crew may not move beyond the limits prescribed by the aerodrome authority except with the permission of the visiting medical officer. This restric-

tion may continue to be imposed on the aircraft at each landing place until it arrives at a sanitary aerodrome, where it will be subject to the measures laid down in this chapter.

ARTICLE 25

The commander of the aircraft is required, on landing, to place himself at the disposal of the sanitary authority, to answer all requests for information affecting public health which are made to him by the competent service, and to produce the aircraft's papers for examination.

Should an aircraft, on entering a territory, land elsewhere than on a sanitary or authorized aerodrome, the commander of the aircraft shall, if the aircraft comes from an infected local area or is itself infected, notify the nearest local authority to this effect, and the latter shall take such measures as are appropriate to the circumstances, being guided by the general principles on which the present convention is based, and shall, if possible, direct the aircraft to a sanitary aerodrome. No cargo shall be unloaded and no passenger or member of the crew may leave the vicinity of the aircraft without the permission of the competent sanitary authority.

ARTICLE 26

In the application of the present convention, surveillance may not be replaced by observation except—

- (a) in circumstances in which it would not be practicable to carry out surveillance with sufficient thoroughness; or
- (b) if the risk of the introduction of infection into the country is considered to be exceptionally serious; or
- (c) if the person who would be subject to surveillance does not furnish adequate sanitary guarantees.

Persons under observation or surveillance shall submit themselves to any examination which the competent sanitary authority may consider necessary.

A. Plague

ARTICLE 27

If there has not been a case of plague on board, the only measures which may be prescribed are—

1. Medical inspection of passengers and crew;
2. Deratization and disinsectization, if in exceptional cases these operations are considered necessary, and if they have not been carried out at the aerodrome of departure;
3. The crew and passengers may be subjected to surveillance, not exceeding 6 days from the date on which the aircraft left the infected local area.

ARTICLE 28

If there is on board a recognized or suspected case of plague, the following measures are applicable:

1. Medical inspection;
2. The sick shall be immediately disembarked and isolated;
3. All persons who have been in contact with the sick and those whom the sanitary authority has reasons to consider suspect shall be subject to surveillance for a period not exceeding 6 days from the date of arrival of the aircraft;
4. Personal effects, linen, and any other articles which, in the opinion of the sanitary authority, are infected shall be disinfected and, if necessary, disinfected;
5. Any parts of the aircraft which are suspected of being infected shall be disinfected;
6. The sanitary authority may carry out deratization, in exceptional cases, if there is any reason to suspect the presence of rats on board and if the operation was not carried out on departure.

ARTICLE 29

If the sanitary authority considers that merchandise coming from an area infected with plague may harbor rats or fleas, such merchandise shall not be discharged except with the necessary precautions.

B. Cholera

ARTICLE 30

If there has not been a case of cholera on board, the only measures which may be prescribed are—

1. Medical inspection of passengers and crew;
2. Surveillance of passengers and crew for a period not exceeding 5 days from the date on which the aircraft left the infected local area.

ARTICLE 31

If a case of disease presenting clinical signs of cholera appears on board during the voyage, the aircraft shall be subject, at places of call or on arrival, to the following procedure:

1. Medical inspection;
2. The sick shall be immediately disembarked and isolated;
3. The crew and passengers shall be kept under surveillance for a period not exceeding 5 days from the date of arrival of the aircraft;
4. Personal effects, linen, and all other articles which, in the opinion of the sanitary authority, are infected shall be disinfected;

5. The parts of the aircraft which have been occupied by the sick or which are regarded as liable to have been infected shall be disinfected;

6. When the drinking water on board is considered suspect, it shall be disinfected and, if practicable, emptied out and replaced, after the disinfection of the container, by wholesome water.

In countries in which investigation for detection of carriers of the cholera vibrio is prescribed for the inhabitants, persons arriving by aircraft who wish to remain in the country shall submit to the obligations imposed on the inhabitants under the same circumstances.

ARTICLE 32

Persons producing proof that they have been vaccinated against cholera within less than 6 months and more than 6 days may be subjected to surveillance only.

Proof shall consist of a written certificate signed by a doctor whose signature shall be officially authenticated; or, failing such authentication, the certificate shall be countersigned by either (a) the medical officer attached to a sanitary aerodrome, or (b) a person, other than the person performing the vaccination, who is authorized to witness an application for a passport under the regulations of the country.

ARTICLE 33

The unloading from aircraft of the following fresh foods may be prohibited: Fish, shellfish, fruit, and vegetables coming from a local area infected with cholera.

C. Exanthematous Typhus

ARTICLE 34

(a). If there has not been a case of typhus on board, no sanitary measure may be carried out save those prescribed in article 52 of the present convention, for persons who have within 12 days left a local area where exanthematous typhus is epidemic.

(b). The following measures are applicable if there is a case of exanthematous typhus on board:

1. Medical inspection;
2. The sick shall be immediately disembarked, isolated, and deloused;
3. Any person suspected of harboring lice or having been exposed to infection shall also be deloused and may be subjected to surveillance for a period not exceeding 12 days, reckoned from the date of delousing;
4. Linen, personal effects, and other articles which the sanitary authority considers to be infected shall be disinsectized;
5. The parts of the aircraft which have been occupied by persons suffering from typhus and which the sanitary authority considers to be infected shall be disinsectized.

D. Smallpox

ARTICLE 35

(a). If there has not been a case of smallpox on board, no sanitary measure may be carried out save in the case of persons who have within 14 days left a local area where smallpox is epidemic and who, in the opinion of the sanitary authority, are not sufficiently immunized. Such persons may be subjected, without prejudice to the terms of article 52, to vaccination, or to surveillance, or to vaccination followed by surveillance, the period of which shall not exceed 14 days from the date of arrival of the aircraft.

(b). The following measures are applicable if there is a case of smallpox on board:

1. Medical inspection;
2. The sick shall be immediately disembarked and isolated;
3. Other persons who there is reason to believe have been exposed to infection and who, in the opinion of the sanitary authority, are not sufficiently immunized, may be subjected to the measures provided in paragraph (a) of this article;
4. Linen, personal effects, and other articles which the sanitary authority considers to have been recently infected shall be disinfected;
5. The parts of the aircraft which have been occupied by persons suffering from smallpox and which the sanitary authority considers to be infected shall be disinfected.

For the purposes of this article, persons shall be considered immune (a) if they can produce proof of a previous attack of smallpox or if they have been vaccinated within less than 3 years and more than 12 days, or (b) if they show local signs of early reaction attesting an adequate immunity. Apart from cases where these signs are present, proof shall be afforded by a written certificate of a doctor, authenticated in the manner prescribed in the second paragraph of article 32.

CHAPTER II

MEASURES APPLICABLE IN CASE OF YELLOW FEVER

SECTION I

General Provisions

ARTICLE 36

In territories where endemicity of yellow fever is suspected, the High Contracting Parties shall take the necessary steps to ascertain whether yellow fever exists in their territory in a form which, though not clinically recognizable, might be revealed by biological examination.

ARTICLE 37

Independently of the notification of the cases of and circumstances relating to recognized cases of yellow fever, as laid down in articles 1, 2, 3, 4, 5, and 8 of the International Sanitary Convention of June 21, 1926, each High Contracting Party undertakes to notify immediately to the other High Contracting Parties and at the same time to the Office International d'Hygiène Publique (either directly or indirectly through the regional bureaus with which it has made agreements for this purpose) the discovery in its territory of the actual existence of yellow fever in the above-mentioned form.

SECTION II

Provisions Concerning Regions in Which Yellow Fever Is Discovered or Exists in the Endemic Form

ARTICLE 38

Notwithstanding article 4 of the present convention and subject to the terms of article 46 hereafter, every aerodrome which receives aircraft to which article 1, I, second paragraph, applies and which is situated in a region, that is to say, a part of a territory, in which yellow fever exists in a form clinically or biologically recognizable, shall become a sanitary aerodrome as defined in the present convention and, in addition, shall be—

- (a) situated at an adequate distance from the nearest inhabited center;
- (b) provided with arrangements for a water supply completely protected against mosquitoes, and kept as free as possible from mosquitoes by systematic measures for the suppression of breeding places and the destruction of the insects in all stages of development;
- (c) provided with mosquito-proofed dwellings for the crews of the aircraft and for the staff of the aerodrome;
- (d) provided with a mosquito-proofed dwelling in which passengers can be accommodated or hospitalized when it is necessary to apply the measures specified in articles 42 and 44 below.

ARTICLE 39

If, in the region where yellow fever has occurred or exists in an endemic form, there is not already an aerodrome fulfilling the conditions specified in the preceding article, all aerial navigation from this region to any other territory shall be suspended until such an aerodrome has been established.

ARTICLE 40

Every aerodrome established and equipped in accordance with the provisions of article 38 above shall be called an "anti-amáril" aerodrome and shall be deemed to be a separate local area. The creation of such an aerodrome

shall be notified, by the High Contracting Party in whose territory it is situated, to the other High Contracting Parties and either to the Office International d'Hygiène Publique or to the International Commission for Air Navigation, under the conditions laid down in article 7. Consequent on this notification, the declaration of the presence of yellow fever in an adjacent town or village or in another local area shall not apply to the aerodrome, and the aerodrome shall not be declared infected unless yellow fever occurs among the persons residing therein.

ARTICLE 41

If an anti-amaril aerodrome becomes an infected local area, aerial navigation from that aerodrome to any other territory shall be discontinued until all measures have been taken to free it from infection and all risk of the spread of the yellow fever has ceased.

ARTICLE 42

Where the anti-amaril aerodrome is not infected, but yellow fever exists in the region, the following measures shall be taken on the departure, or, in any event, as late as possible before the departure, of an aircraft:

1. Inspection of the aircraft and cargo to insure that they do not contain mosquitoes and, if necessary, disinsectization. A record of this inspection and any action taken shall be entered in the journey logbook;

2. Medical inspection of passengers and crew; those who are suspected to be suffering from yellow fever or in whose case it has been duly established that they have been exposed to the infection of yellow fever shall be required to remain under observation either within the precincts of the aerodrome or elsewhere, under conditions approved by the sanitary authority, until 6 days have elapsed since the last day on which they were exposed to infection;

3. The names of the passengers and crew shall be entered in the journey logbook, together with the relevant information with regard to their exposure to infection and the period and conditions of observation which they have undergone prior to departure.

ARTICLE 43

Aircraft in transit, not coming from a region in which yellow fever exists and landing for the purpose of taking in supplies in an anti-amaril aerodrome, shall be exempt from the prescribed sanitary measures on leaving that aerodrome. In the further course of the voyage they shall not be subject to the provisions of this chapter, provided that the fact that they have called at an anti-amaril aerodrome for the sole purpose of taking in supplies is entered in the journey logbook.

ARTICLE 44

Aircraft to which article 1, I, second paragraph, of the present convention applies, flying between two regions where yellow fever exists, must depart from and land at an anti-amaril aerodrome in these regions. Passengers, crew, and cargo shall not be disembarked or embarked except at an anti-amaril aerodrome.

During the voyage between these aerodromes, aircraft may land for the purpose of taking in supplies in any aerodrome not situated within a region where yellow fever exists.

The measures to be taken on arrival at the anti-amaril aerodrome are the following:

1. Inspection of the aircraft and cargo to insure that they do not contain mosquitoes and, if necessary, disinsectization;
2. Medical examination of passengers and crew to ascertain that they are free from symptoms of yellow fever.

If a person is suspected to be suffering from yellow fever, or if it has not been established to the satisfaction of the sanitary authority of the aerodrome of arrival that a person has completed a period of 6 days since possible exposure to infection, he may be subjected to observation, either within the precincts of the aerodrome or elsewhere, under conditions approved by the sanitary authority, for a period not exceeding 6 days, reckoned from the last day on which that person could have been infected.

ARTICLE 45

Aircraft having departed from an anti-amaril aerodrome in a region where yellow fever exists and arriving at a region where yellow fever does not exist shall be subject to the provisions of sections III and IV below.

ARTICLE 46

For the purposes of local aerial navigation, nothing in this section shall be deemed to prevent the governments of neighboring territories in which yellow fever is found or exists endemically from establishing or employing, by mutual agreement, aerodromes which are not anti-amaril aerodromes, for the needs of aerial navigation exclusively between these territories.

SECTION III

Provisions in Respect of Territories or Regions in Which Yellow Fever Does Not Exist, but in Which There May Be Conditions Which Permit of Its Development

ARTICLE 47

In territories or regions where yellow fever does not exist, but where there may be conditions which permit of its development, the measures which may

be taken on the arrival of an aircraft at a sanitary aerodrome are the following:

1. Inspection of aircraft and cargo to insure that they do not contain mosquitoes and, if necessary, disinsectization;
2. Medical examination of passengers and crew to ascertain that they are free from symptoms of yellow fever.

If a person is suspected to be suffering from yellow fever, or if it has not been established, to the satisfaction of the sanitary authority of the aerodrome, that a person has completed a period of 6 days since possible exposure to infection, he may be subjected to observation either within the precincts of the aerodrome or elsewhere, under conditions approved by the sanitary authority, for a period not exceeding 6 days, reckoned from the last day on which that person could have been infected.

ARTICLE 48

The High Contracting Parties undertake, save in exceptional circumstances which will require to be justified, not to invoke sanitary reasons for prohibiting the landing in the territories referred to in article 47 of aircraft coming from regions where yellow fever exists, provided that the provisions of section II of this chapter, particularly those concerning the measures to be taken on departure, are observed there.

ARTICLE 49

Nevertheless, the High Contracting Parties may designate particular sanitary aerodromes as those at which aircraft from territories where yellow fever exists shall land for the purpose of disembarking passengers, crew, or cargo.

SECTION IV

Provisions in Respect of Territories or Regions Where the Conditions Do Not Permit of the Development of Yellow Fever

ARTICLE 50

In territories or regions where the conditions do not permit of the development of yellow fever, aircraft coming from regions where yellow fever exists may land on any sanitary or authorized aerodrome.

ARTICLE 51

The measures to be taken on arrival are the following:

1. Inspection of the aircraft and cargo to insure that they do not contain mosquitoes and, if necessary, disinsectization;
2. Medical inspection of passengers and crew.

CHAPTER III

GENERAL PROVISIONS

ARTICLE 52

Persons who arrive in aircraft in the territory of any High Contracting Party, and who have been exposed to risk of infection by one of the diseases referred to in article 18 of the present convention and who are within the period of incubation, may, subject to the provisions of chapter II of this part, be subjected to surveillance until the termination of that period.

In the case of cholera and smallpox, the provisions of articles 32 and 35, relating to immunized persons, equally apply to action under this article.

ARTICLE 53

Persons who, on their arrival at an aerodrome, are considered, under the terms of this part, liable to surveillance up to the expiration of the period of incubation of the disease, may nevertheless continue the voyage, on condition that the fact is notified to the authorities of subsequent landing places and of the place of arrival, either by means of an entry in the journey logbook as prescribed in article 9 of the present convention, or by some other method sufficient to secure that they can be subjected to medical inspection in any subsequent aerodromes on the route.

Persons who are liable to observation under the terms of articles 26, 44 (fourth paragraph), and 47 (second paragraph) of this convention, shall not be authorized until the expiration of the period of incubation to continue their voyage except, in the case of diseases other than yellow fever, with the approval of the sanitary authorities of the place of their destination.

ARTICLE 54

In applying sanitary measures to an aircraft coming from an infected local area, the sanitary authority of each aerodrome shall, to the greatest possible extent, take into account all measures which have already been applied on the aircraft, in another sanitary aerodrome abroad or in the same country, and which are duly noted in the journey logbook referred to in article 9 of the present convention.

Aircraft coming from an infected local area which have already been subjected to satisfactory sanitary measures shall not be subjected to these measures a second time on arrival at another aerodrome, whether the latter belongs to the same country or not, provided that no subsequent incident has occurred which calls for the application of the sanitary measures in question and that the aircraft has not called at an infected aerodrome except to take in fuel.

ARTICLE 55

The aerodrome authority applying sanitary measures shall, whenever requested, furnish free of charge to the commander of the aircraft or any other interested person a certificate specifying the nature of the measures, the methods employed, the parts of the aircraft treated, and the reason why the measures have been applied.

The authority shall also issue, on demand and without charge, to passengers arriving by an aircraft in which a case of one of the infectious diseases referred to in article 18 has occurred, a certificate showing the date of their arrival and the measures to which they and their luggage have been subjected.

ARTICLE 56

Save as expressly provided in the present convention, aircraft shall not be detained for sanitary reasons.

If an aircraft has been occupied by a person suffering from plague, cholera, yellow fever, exanthematous typhus, or smallpox, its detention shall be limited to the period strictly necessary for it to undergo the prophylactic measures applicable to the aircraft in the case of each disease referred to in the present convention.

ARTICLE 57

Subject to the provisions of chapter II of the present convention and particularly those of article 47, any aircraft which does not wish to submit to the measures prescribed by the aerodrome authority, in virtue of the provisions of the present convention, is at liberty to continue its voyage. It may not, however, land in another aerodrome of the same country, except for purposes of taking in supplies.

An aircraft shall be permitted to land goods on condition that it is isolated and that the goods are subjected, if necessary, to the measures laid down in article 10 of the present convention.

Aircraft shall also be permitted to disembark passengers at their request, on the condition that such passengers submit to the measures prescribed by the sanitary authority.

Aircraft may also take in fuel, replacements, food, and water while remaining in isolation.

PART IV

FINAL PROVISIONS

ARTICLE 58

Any two or more High Contracting Parties have the right to conclude between themselves, on the basis of the principles of the present convention,

special agreements relating to particular points concerning aerial sanitary measures, notably as regards the application within their territories of chapter II of part III.

These agreements, as well as those referred to in article 46, shall be notified, as soon as they come into force, either to the Office International d'Hygiène Publique, or to the International Commission for Air Navigation, under the conditions laid down in article 7.

ARTICLE 59

The High Contracting Parties agree to seek the opinion of the Permanent Committee of the Office International d'Hygiène Publique, before having recourse to any other procedure, should any disagreement arise between them as to the interpretation of the present convention.

ARTICLE 60

Without prejudice to the provisions of the last paragraph of article 12, the High Contracting Parties undertake to apply the same tariff of charges to the aircraft of other High Contracting Parties as they apply to their own national aircraft for sanitary operations in their aerodromes.

This tariff shall be as moderate as possible and shall be notified either to the Office International d'Hygiène Publique or to the International Commission for Air Navigation, under the conditions laid down in article 7.

ARTICLE 61⁷

Any High Contracting Party which desires to introduce modifications in the present convention shall communicate its proposals to the Government of the Netherlands. The latter will inform the Office International d'Hygiène Publique, which, if it thinks fit, will prepare a protocol amending the convention and will transmit it to the Government of the Netherlands.

The Government of the Netherlands will submit, by dated circular letter, the text of the said protocol to the governments of the other High Contracting Parties, asking them if they accept the proposed modifications. The accession of a High Contracting Party to these modifications will result either from explicit approval given to the Government of the Netherlands or from the fact that it refrains from notifying the latter of any objections within 12 months from the date of the circular letter above referred to.

When the number of expressed or tacit accessions represents at least two-thirds of the governments of the High Contracting Parties, the Government of the Netherlands will certify the fact by means of a procès-verbal which it will communicate to the Office International d'Hygiène Publique and to the governments of all the High Contracting Parties. The protocol will enter into

⁷ For U.S. reservations, see p. 110.

force between the High Contracting Parties mentioned in the said procès-verbal, after a period of 6 months from the date of the procès-verbal. The present convention will continue to be applied without modification by the other High Contracting Parties until such time as they shall have acceded to the protocol.

ARTICLE 62

The present convention shall bear today's date and may be signed within 1 year from this date.

ARTICLE 63

The present convention shall be ratified and the ratifications shall be deposited with the Government of the Netherlands as soon as possible.

As soon as 10 ratifications have been deposited, the Government of the Netherlands will draw up a procès-verbal and transmit copies of the procès-verbal to the governments of the High Contracting Parties and to the Office International d'Hygiène Publique. This convention shall come into force on the one hundred and twentieth day after the date of the said procès-verbal.

Each subsequent deposit of ratification will be notified by a procès-verbal prepared and communicated according to the procedure indicated above. This convention shall come into force in regard to each of the High Contracting Parties on the one hundred and twentieth day following the date of the procès-verbal attesting the deposit of its ratification.

ARTICLE 64

Countries which have not signed the present convention shall be allowed to accede to it at any time after the date of the procès-verbal recording the deposit of the first 10 ratifications.

Each accession shall be effected by a notification through the diplomatic channel addressed to the Government of the Netherlands. The latter will deposit the document of accession in its archives and will forthwith inform the governments of all the countries participating in the convention, as well as the Office International d'Hygiène Publique, informing them at the same time of the date of the deposit of the accession. Each accession shall come into force on the one hundred and twentieth day from that date.

ARTICLE 65

Any High Contracting Party may declare, at the time of its signature, ratification, or accession, that its acceptance of this convention does not bind any or all of its colonies, protectorates, territories beyond the sea, or territories under its suzerainty or mandate. In that event the present convention shall not apply to any territories named in such declaration.

Any High Contracting Party may give notice to the Government of the Netherlands at any subsequent date that it desires that the present convention

shall apply to any or all of its territories which have been made the subject of a declaration under the preceding paragraph. In that case, the convention shall apply to all the territories named in such notice on the one hundred and twentieth day from the date of the deposit of the notification in the archives of the Government of the Netherlands.

Any High Contracting Party may likewise declare, at any time after the expiration of the period mentioned in article 66, that it desires that the present convention shall cease to apply to any or all of its colonies, protectorates, territories beyond the sea, or territories under its suzerainty or mandate. The convention shall in that case cease to apply to the territories named in such declaration 1 year after the date of deposit of this declaration in the archives of the Government of the Netherlands.

The Government of the Netherlands will inform the governments of all countries participating in the present convention, as well as the Office International d'Hygiène Publique, of the notifications and declarations made in pursuance of the above provisions, informing them at the same time of the date of their deposit in its archives.

ARTICLE 66

The government of each country participating in the present convention may, at any time after the convention has been in force for that country for 5 years, denounce it by notification in writing addressed to the Government of the Netherlands through the diplomatic channel. The latter will deposit the act of denunciation in its archives; it will forthwith inform the governments of all the countries participating in the convention, as well as the Office International d'Hygiène Publique, and will at the same time notify them of the date of such deposit; each denunciation will come into force 1 year after that date.

ARTICLE 67

The signature of the present convention shall not be accompanied by any reservation which has not previously been approved by the High Contracting Parties who are already signatories. Moreover, ratifications or accessions cannot be accepted if they are accompanied by reservations which have not previously been approved by all the countries participating in the convention.

In virtue of which the respective plenipotentiaries have signed the present convention.

Done at The Hague, April 12, 1933, in a single original copy, which shall remain deposited in the archives of the Government of the Netherlands and of which certified true copies shall be sent through diplomatic channels to each of the High Contracting Parties.

For the Union of South Africa:

A. J. BOSMAN

For Germany:

JULIUS GRAF VON ZECH-BURKERSRODA

For the United States of America:

(1) With reference to article 61 no amendments to the convention will be binding on the Government of the United States of America or territory subject to its jurisdiction unless such amendments be accepted by the Government of the United States of America.

(2) The Government of the United States of America reserves the right to decide whether, from the standpoint of the measures to be applied, a foreign district is to be considered as infected, and to decide what requirements shall be applied under special circumstances to aircraft and personnel arriving at an aerodrome in the United States of America or territory subject to its jurisdiction.

GRENVILLE T. EMMET

For Australia:

In signing the present convention in respect of the Commonwealth of Australia I declare that my signature is subject to the following reservation:

"His Majesty's Government in the Commonwealth of Australia reserve the right to accept only those certificates which are signed by a recognized official of the Public Health Service of the country concerned, and which carry within the text of the certificate an intimation of the office occupied by the person signing the certificate, if the circumstances appear to be such that certificates delivered under the conditions laid down in article 32 of the convention do not provide all the necessary guarantees."

In accordance with the provisions of article 65, I further declare that the acceptance of the convention does not bind the territories of Papua and Norfolk Island or the Mandated Territories of New Guinea and Nauru.

HUBERT MONTGOMERY

For Austria:

GEORG ALEXICH

For Belgium:

CH. MASKENS

For Egypt:

HAFEZ AFIFI

For Spain:

J. GÓMEZ OCERIN

For France:

VITROLLES

For Morocco:

VITROLLES

For Tunisia:

VITROLLES

For Syria:

VITROLLES

For the Lebanon:

VITROLLES

For Great Britain and Northern Ireland, as well as all parts of the British Empire not separate members of the League of Nations:

In accordance with the provisions of paragraph 1 of article 65 of the convention I hereby declare that my signature does not include Newfoundland or any British colony or protectorate or any mandated territory in respect of which the mandate is exercised by His Majesty's Government in the United Kingdom.⁸

ODO RUSSELL

⁸ By virtue of a notification given to the Netherlands Government by the British Government on Apr. 3, 1935, in accordance with the second paragraph of art. 65 of the convention, the convention was applied, from Aug. 1, 1935, to the Bahamas; Barbados; Bermuda; British Guiana; British Honduras; Cyprus; Falkland Islands and Dependencies; Gold Coast: (a) Colony, (b) Ashanti, (c) Northern Territories, (d) Togoland under British mandate; Hong Kong; Kenya (Colony and Protectorate); Leeward Islands: Antigua, Dominica, Montserrat, St. Christopher and Nevis, Virgin Islands; Malay States: (a) Federated Malay States: Negri Sembilan, Pahang, Perak, Selangor; (b) Unfederated Malay States: Johore, Kedah, Kelantan, Trengganu and Brunei; Mauritius; Nigeria: (a) Colony, (b) Protectorate, (c) Cameroons under British mandate; State of North Borneo; Nyasaland Protectorate; Palestine (excluding Trans-Jordan); Sarawak; Sierra Leone (Colony and Protectorate); Southern Rhodesia; Straits Settlements; Tanganyika Territory; Trans-Jordan; Uganda Protectorate; Zanzibar Protectorate.

For Greece:

TRIANAFYLLAKOS

For the Irish Free State:

O'KELLY DE GALLAGH

For Italy:

FRANCESCO MARIA TALIANI

For Monaco:

HENRI E. REY

For New Zealand:

ODO RUSSELL

For the Netherlands, excepting Nether-
land India, Surinam, and Curaçao:

BEELAERTS VAN BLOKLAND

For Poland:

W. BABINSKI

For Rumania:

GR. BILCIURESCO

For Sweden:

ADLÉRCREUTZ